

Using the “Rate Table - CAUTI Data for CMS PPS-Exempt Cancer Hospitals”

Output Option

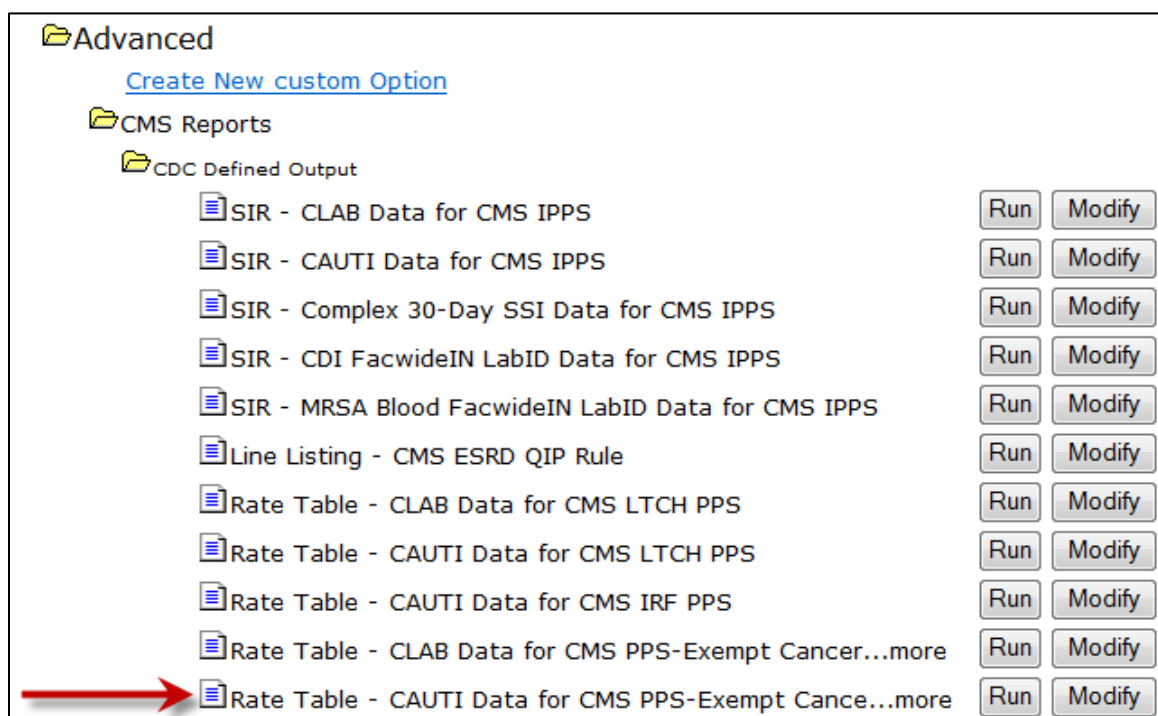
The NHSN Analysis Output Option, “Rate Table - CAUTI Data for CMS PPS-Exempt Cancer Hospitals” was created in order to allow facilities to review those CAUTI data that would be submitted to CMS on their behalf. It’s important to keep in mind the following as you begin to use this report:

- a. These data will only be submitted for those facilities that are participating in the CMS PPS-Exempt Cancer Hospital Reporting (PCHQR) Program, as indicated by their CCN recorded in NHSN.
- b. This report will only include **in-plan CAUTI data for each oncology intensive care unit (ICU), ward, and step-down unit**. Other locations/earlier years for which you may have reported CAUTI data will not be included in this output.
- c. **IMPORTANT!** Facilities must appropriately **Report No Events** for those locations and months for which no events of each type under surveillance were identified.
- d. The data in this report will represent data current as of the last time you generated datasets.
REMINDER: Quarterly data submitted to CMS are frozen as of the final submission date for that quarter (e.g., Q1 data will be frozen as of 1am ET on August 16th); any changes made to these data in NHSN after the final submission deadline will be reflected in NHSN only.
- e. The information in this document should be used in conjunction with the document, **“Helpful Tips for CAUTI Reporting for the Centers for Medicare and Medicaid Services’ PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program”** available at:
<http://www.cdc.gov/nhsn/cms/index.html>.

Example of the “Rate Table - CAUTI Data for CMS PPS-Exempt Cancer Hospitals”: Interpretation and Data Checking

Before running this output option, remember to generate your datasets for the most up-to-date data reported to NHSN by your facility! To generate datasets, go to Analysis > Generate Data Sets, then click “Generate New”.

1. After selecting Analysis > Output Options, navigate through the following folders: Advanced > CMS Reports > CDC-Defined Output. Click “Run” next to “Rate Table - CAUTI Data for CMS PPS-Exempt Cancer...”, as shown below:



2. By default, the results will appear in an HTML window. If a second window does not pop-up, please be sure to check your pop-up blocker and allow pop-ups from *.cdc.gov.

Within the output, there will be a single rate table that provides quarterly rates per CDC Location code. The data in this table will mirror the data that will be submitted to CMS.

For Example:

National Healthcare Safety Network						
Rate Table for CAUTI Data for CMS PPS-Exempt Cancer Hospitals						
As of: August 19, 2013 at 9:18 AM						
Date Range: All CAU_RATESONC						
orgID=11305						
loccdc	summaryYQ	months	CAUCount	numucathdays	CAURate	rate95ci
IN:ACUTE:CC:ONC_M	2013Q1	3	2	241	8.299	1.391, 27.418
IN:ACUTE:CC:ONC_MS	2013Q1	2	1	99	10.101	0.505, 49.817
IN:ACUTE:CC:ONC_S	2013Q1	3	2	258	7.752	1.300, 25.611
IN:ACUTE:WARD:ONC_HONC	2013Q1	3	1	169	5.917	0.296, 29.183
IN:ACUTE:WARD:ONC_HSCT	2013Q1	2	1	119	8.403	0.420, 41.445
Source of aggregate data: Not available						
Data contained in this report were last generated on August 19, 2013 at 8:13 AM.						
Includes in-plan CAUTI data from oncology locations only. Excludes oncology mixed acuity locations.						

When reviewing the rate table, please note the following:

- a. Rates are provided per CDC location code; if your facility has more than one location of the same CDC location code/designation, their data will be combined in this table.
 - b. **summaryYQ** refers to calendar-year quarter (i.e., 2013Q1 includes January thru March, 2013).
 - c. The **months** column will include the number of location months that are contributing to the quarterly rate.
 - d. The **CAUcount** column is inclusive of all CAUTI reported for that CDC location code.
 - e. The **numucathdays** column is inclusive of all urinary catheter days reported for that CDC location code.
 - f. The **CAURate** is calculated as: $(\text{CAUCount}/\text{numucathdays}) \times 1,000$
 - g. The **rate95ci** is a 95% confidence interval provided as an indicator of precision around the rate; it is not the result of a statistical test comparing your hospital's rate to an external benchmark.
3. What can be done if data are incomplete or inaccurate?
 - Double-check your monthly reporting plan for each month in the quarter. Check to make sure that each location is included in your monthly reporting plan, with the CAUTI box checked.
 - Check that the summary data for each location have been entered for each month in the quarter. This includes urinary catheter days and patient days.

- If summary data have been entered and no CAUTIs have been identified, be sure to check the 'Report No Events' box on the summary record, next to the urinary catheter day count.
- If the number of infections is less than you reported *and* you've confirmed that the summary data have been entered in-plan, double check the UTI events in NHSN: if urinary catheter is entered as "NEITHER", the event is *not* considered a CAUTI and will not appear in this report. Note that you can edit the event with the correct information.

REMEMBER: If you have made any changes to your data, regenerate your datasets in order to review your output options with the most up-to-date data in NHSN.